

## **EXHIBITS I-XV**

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## APPLICATION

**Project Title:**

**Amount Requested:**

**Applicant Agency:**

**Address:**

**Phone:**

**Submitted By:**

---

**Name and Title of Authorized Official**

---

**Signature**

---

**Name and Title of Program Director**

---

**Signature**

**Project Officer:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# ABSTRACT

Page \_\_\_\_ of \_\_\_\_

**Project Title:**

**Applicant  
Agency:**

**Date:**

# ASSESSMENT

Page \_\_\_\_ of \_\_\_\_

**Project Title:**

**Applicant  
Agency:**

**Date:**

# OBJECTIVES

Page \_\_\_\_ of \_\_\_\_

**Project Title:**

**Applicant  
Agency:**

**Date:**

**ACTIVITY PLAN**

**Project Title**

**Applicant  
Agency:**

**Date:**

**GOAL:**

| Objective/Activity | Start | Finish | Comments |
|--------------------|-------|--------|----------|
|                    |       |        |          |

**COORDINATION**

**Page \_\_\_\_ of \_\_\_\_**

**Project  
Title:**

**Applicant  
Agency:**

**Date:**

**Name and Address of Coordinating Agency:**

\_\_\_\_\_  
**Name and Title of Authorized Coordinating Agency Official**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name and Title of Program Director**

\_\_\_\_\_  
**Signature**

PROGRESS REPORT

PPR: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Project Title

Applicant  
Agency:

Amount:

For Team Use Only

Meets Requirements

☐ Yes

☐ No

Reviewed by:

Date: \_\_\_\_\_

| Objective/Activity   | Start | Finish | Comments |
|--|-------|--------|----------|
| Status:<br>Started (date):_____Finished (date):_____On-Going ____Pending ____Continued____Canceled____ |       |        |          |
| Results/Impact:  |       |        |          |
| Lessons Learned:   |       |        |          |
| Conclusions/Other Comments:  |       |        |          |

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Authorized Official

[Please return to:  
Meg Harvey, WES-T  
23 State House Station  
Augusta, ME 04333



# BUDGET

Page \_\_\_\_ of \_\_\_\_

**Project  
Title,  
Number,  
And  
Amount:**

**Applicant  
Agency,  
Address,  
and  
Phone:**

**Project  
Officer:**

**Date:**

[Please retype using  
the same headings  
but additional sheets  
if necessary]

| Cost<br>Area                         | Federal<br>Share | Local<br>Match | Total<br>Funds |
|--------------------------------------|------------------|----------------|----------------|
| I. ADMINISTRATION                    |                  |                |                |
| II. DIRECT PROJECT COSTS             |                  |                |                |
| A. PERSONNEL COSTS                   |                  |                |                |
| 1. Salaries [Itemize]                |                  |                |                |
| 2. Fringe Benefits<br>[Itemize]      |                  |                |                |
| 3. Total Personnel                   |                  |                |                |
| B. EQUIPMENT<br>[\$1,000 +; Itemize] |                  |                |                |
| C. ALL OTHER<br>DIRECT COSTS         |                  |                |                |
| 1. Travel                            |                  |                |                |
| 2. Supplies<br>[Itemize \$500 +]     |                  |                |                |
| 3. Space Costs                       |                  |                |                |
| 4. Contractual Services              |                  |                |                |
| 5. Total All Other                   |                  |                |                |
| D. TOTAL DIRECT<br>COSTS             |                  |                |                |
| III.OVERALL TOTAL                    |                  |                |                |

PAYMENTS

Page \_\_\_\_ of \_\_\_\_

Project  
Title:

Applicant  
Agency:

Date:

| MONTH  | AMOUNT REQUESTED |
|--|------------------|
| AUGUST   |                  |
| SEPTEMBER  |                  |
| OCTOBER  |                  |
| NOVEMBER   |                  |
| DECEMBER   |                  |
| JANUARY  |                  |
| FEBRUARY   |                  |
| MARCH  |                  |
| APRIL  |                  |
| MAY  |                  |
| TOTAL  |                  |
| <p><b>CERTIFICATION:</b> I hereby certify that all information contained in this proposal, including the representation as to the amounts of obligations during the stated period, is true, complete, and correct.</p> |                  |
| <p><b>SIGNATURE:</b></p> <div></div> <div>Signature of Authorized Official      Date</div>   |                  |

